

Substitute for form 1449A&B/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(Use as many sheets as necessary)</i>				Complete if Known	
				Application Number	10/797,482
				Filing Date	March 9, 2004
				First Named Inventor	DEMARAIS, DENISE M.
				Art Unit	3763
Examiner Name	MENDEZ, MANUEL A				
Attorney Docket Number	19744P-000620US				
Sheet	1	of	1		

U.S. PATENT DOCUMENTS						
Examiner Initials*	Cite No.	Document Number		Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		Number	Kind Code ¹ (if known)			
	1	5,163,910		11-17-1992	Schwartz et al.	
	2	5,569,284		10-29-1996	Young et al.	
	3	5,690,641		11-25-1997	Sorensen et al.	

FOREIGN PATENT DOCUMENTS								
Examiner Initials*	Cite No.	Foreign Patent Document			Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	T ²
		Country Code ³	Number ⁴	Kind Code ⁵ (if known)				
	4	WO	96/29941	A	10-03-1996	STRAUB FEDERNFABRIK		<input type="checkbox"/>

NON PATENT LITERATURE DOCUMENTS			
Examiner Initials *	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T ²
	5	Supplemental European Search Report of EP Application No. 00968741.1, search completed January 29th, mailed May 14, 2008, 9 pages total.	<input type="checkbox"/>

Examiner Signature	/Manuel Mendez/	Date Considered	10/27/2008
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*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 809. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.
¹ Applicant's unique citation designation number (optional). ² Applicant is to place a check mark here if English language Translation is attached.